PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/		Complete if Known					
Fees pursuant to the Consolidated Approp			10/669,595-Conf. #1313				
FEE TRANS	Filing Date		September 25,				
For FY 20	First Named		Kouji YOKOUCHI				
	Examiner Na	Examiner Name D. Phuong					
Applicant claims small entity stat	Art Unit						
TOTAL AMOUNT OF PAYMENT	Attorney Doc	Attorney Docket No. 2091-0289P					
METHOD OF PAYMENT (check all that apply)							
Check Credit Card	Money Order	None Other (please identify):					
x Deposit Account Deposit Account Number. 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E							
FI FI	LING FEES S Small Entity	EARCH FEES Small Enti		IATION FEES Small Entity			
Application Type Fee (\$			Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility 310	155 51	0 255	210	105			
Design 210	105 10	0 50	130	65			
Plant 210	105 31	0 155	160	80			
Reissue 310	155 51	0 255	620	310			
Provisional 210	105	0 0	0	0			
2. EXCESS CLAIM FEES					Small Entity		
Fee Description Fee (\$)							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (incl	uding Reissues)				210 105		
Multiple dependent claims					370 185		
Total Claims 6 - 30 = 0	<u>Fee (\$)</u> <u>Fe</u> x 50.00 =	Fee Paid (\$)		Multiple Dependent Claims			
6 - 30 = 0 HP = highest number of total claims paid for		0.00	Fe	<u>e (\$)</u>	Fee Paid (\$)		
Indep. Claims Extra Claims	Fee (\$) Fe	e Paid (\$)					
6 -6= 0	210.00 =	0.00					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheet		n additional 50 or	-	f Fee (\$)	Fee Paid (\$)		
100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surce and color late filing surce							
SUBMITTED BY							
Signature	L1+40,430	Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000		
Name (Print/Type) Michael R. Camn	narata			Date	January 2, 2008		

PTO/SB/22 (12-07)
Approved for use through 12/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE cond to a collection of information unless if displays a valid OMB control number

PETITION FOR EXTENSION OF TIME UNDER 37 CF FY 2008	Docket Number (Optional) 2091-0289P						
(Fees pursuant to the Consolidated Appropriations Act, 2005 (5"						
Application Number 10/669,595-Conf. #1313	<u>. </u>	Filed Septe	mber 25, 2003				
For METHOD AND APPARATUS FOR SENDING E-MAIL, METHOD AND APPARATUS FOR RECEIVING E-MAIL, AND PROGRAMS THEREFOR							
Art Unit 2617		Examiner	D. Phuong				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
<u></u>	ee	Small Entity Fee					
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$				
X Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ 460.00				
Three months (37 CFR 1.17(a)(3)) \$	1050	\$525	\$				
Four months (37 CFR 1.17(a)(4)) \$	1640	\$820	\$				
Five months (37 CFR 1.17(a)(5))	2230	\$1115	\$				
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
attorney or agent of record. Registrat	tion Number	39,491	<u> </u>				
attarney or agent under 37 CFR 1.34.							
Registration number if acting under 3	7 CFR 1.34						
The state of the s	40,439	January	2, 2008				
Signature		Da	ate				
Michael R. Cammarata			05-8000				
Typed or printed name Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1 forms are submitted.							

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